



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH WEST

City of Hospital: Indianapolis

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-0161

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$389958346
Outpatient Patient Service Revenue	\$512584289
Total Gross Patient Service Revenue	\$902542635

2. Deductions From Revenue

Contractual Allowance	\$649701268
Other Deductions	\$2879575
Total Deductions	\$652580843

3. Total Operating Revenue

Net Patient Service Revenue	\$249961792
Other Operating Revenue	\$12695292
Total Operating Revenue	\$262657084

4. Operating Expenses

Salaries and Wages	\$58841590	Employee Benefits	\$14464649
Depreciation and Amortization	\$9642174	Interest Expense	\$1705
Bad Debt	\$22747338	Other Expenses	\$107384831
Total Operating Expenses	\$213082287		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$49574797	Total Assets	\$560756309
Net Non-operating Gains over Loss	\$3772937	Total Liabilities	\$560756309

Total Net Gains	\$53347734
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$434251558	\$368297868	\$65953690
Medicaid	\$125373709	\$102395425	\$22978284
Other Government	\$8296711	\$7204142	\$1092569
Other State	\$0	\$0	\$0
Other Payers	\$334620657	\$197430746	\$137189911
Total	\$902542635	\$675328181	\$227214454

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$29023	\$128335	\$-99312

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$86699	\$-86699
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	250

Statement Six: Charity Statement

Hospital Charity Charges	\$17787549
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3543280	
HCI Payments	\$0		
Subtotal	\$0	\$3543280	\$-3543280
Medicaid Shortfalls	\$23826018	\$37921438	
Subtotal	\$23826018	\$41464718	\$-17638700
DSH Payments	\$0		
Subtotal	\$23826018	\$41464718	\$-17638700
Medicare Shortfalls	\$38684523	\$43406911	
Other Government Programs	\$0	\$0	
Total	\$62510541	\$84871629	\$-22361088

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$597264	\$1236113	\$-638849
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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